

Barbara Campbell  
National Stage Processing  
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO. <b>09/530553</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DE	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	<u>1</u>					TOTAL IND.			
TOTAL DEP.	<u>15</u>					TOTAL DEP.			
TOTAL CLAIMS	<u>16</u>					TOTAL CLAIMS			